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APPLICANTS

Michael D. Brown, Irvine, CA;
 Jonathan G. Blattmachr, Garden City, NY;

** CONTINUING DATA *****

None 0-0

** FOREIGN APPLICATIONS *****

None 0-0

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: C.D.				

ADDRESS

Bernard L. Kleinke
 Foley & Lardner
 23rd Floor
 402 West Broadway
 San Diego, CA 92101-3542

TITLE

Wealth transfer plan using in kind loan repayment with term insurance protection

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